

IN THE UNITED STATES DISTRICT COURT FOR  
THE MIDDLE DISTRICT OF ALABAMA

RECEIVED

CALVIN FLOWERS,

Plaintiff,

vs.

AUTAUGA COUNTY METRO JAIL,  
et al.,

Defendants.

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2007 AUG 22 P 12:08

DEBRA P. HACKETT, CLK  
U.S. DISTRICT COURT  
MIDDLE DISTRICT ALA

CASE NO. 2:07-CV-587-WKW

**REPORT BY DEFENDANT AUTAUGA COUNTY METRO JAIL, OFFICER SPROTT,  
LARRY NIXON, SGT. LYLE and SGT. BOSTIE**

COMES NOW the Defendant, AUTAUGA COUNTY METRO JAIL, OFFICER SPROTT, LARRY NIXON, SGT. LYLE and SGT. BOSTIE by and through the undersigned counsel for Autauga County and after a review of the subject matter of the Complaint provides to this Honorable Court a report as requested by Order dated the 111<sup>th</sup> day of July, 2007.

**A. FACTS AND CIRCUMSTANCES**

The Plaintiff, CALVIN FLOWERS, was incarcerated in the Autauga County Metro Jail as a detainee of the Federal Court as a federal inmate. He entered the Autauga County Metro Jail on May 5, 2007 and transferred to the U. S. Marshall on July 20, 2007.

The Plaintiff's complaint revolves around an allegation of improper publicity, failure to protect personal property and the Autauga County Metro Jail's failure to provide adequate health care.

See statement of Deputy Sheriff Larry Nixon attached hereto as Exhibit "A" and made a part hereof and which provides a summary of the facts and circumstances surrounding this matter.

B. CORRECTIVE ACTION BY PRISON OFFICIALS

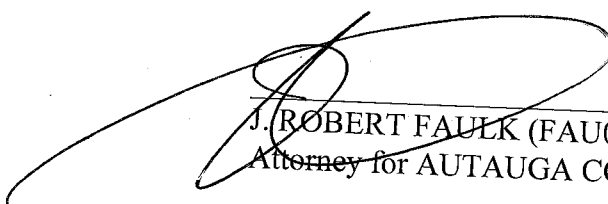
The Autauga County Sheriff's Office does not see a need to take any corrective action since it feels that its present policies and procedures dealing with inmate medical treatment is appropriate.

C. OTHER COMPLAINTS

The other complaints known to the Defendants deal with a Complaint pending in this Court by the following individuals:

NONE.

DATED: August 22, 2007.



J. ROBERT FAULK (FAU002)  
Attorney for AUTAUGA COUNTY

OF COUNSEL:  
McDOWELL, FAULK & McDOWELL, L.L.C.  
Attorneys at Law  
145 West Main Street  
Prattville, AL 36067  
(334) 365-5950 Telephone  
(334) 365-6016 Facsimile  
[robert@mcdowellfaulk.com](mailto:robert@mcdowellfaulk.com)

CERTIFICATE OF SERVICE

I hereby certify that I have on this the 22<sup>nd</sup> day of August, 2007 served a copy of the foregoing on Calvin Flowers by placing a copy of same in the U. S. Mail, postage prepaid and properly addressed as follows:

Calvin Flowers  
Inmate  
Autauga County Metro Jail  
136 North Court Street  
Prattville, AL 36067

also

P. O. Box 80  
Elba, AL 36323



J. ROBERT FAULK

**EXHIBIT "A"**

STATE OF ALABAMA

COUNTY OF AUTAUGA

**AFFIDAVIT OF JAIL WARDEN LARRY NIXON**

BEFORE ME, the undersigned, a Notary Public in and for said County and State personally appeared LARRY NIXON, whose name is signed to this Affidavit and who is known to me and who being by me first duly sworn, doth depose and say as follows:

My name is LARRY NIXON and I am a Deputy Sheriff for Autauga County, Alabama. I have been a Deputy Sheriff for 13 years. I am also the Chief Jailer for the Autauga County Metro Jail.

The purpose of this Affidavit is to provide to this Honorable Court the facts and circumstances surrounding a Complaint filed in this Court by CALVIN FLOWERS by Civil Action No. 2:07-CV-587-WKW.

Calvin Flowers was an inmate in the Autauga County Metro Jail being held for the U. S. Marshall Service from May 5, 2007 until July 20, 2007 when he was transferred back to the U. S. Marshals. He files this Complaint with this Honorable Court alleging that he obtained unwarranted publicity, property was stolen from his cell by a fellow inmate and that he received inadequate medical treatment by the Autauga County Metro Jail and its staff.

As to Mr. Flowers' charge of unwarranted publicity, none of the deputies at the Autauga County Jail would give information to the media, either print or television; hence, we have no knowledge of Mr. Flowers' allegations concerning this matter.

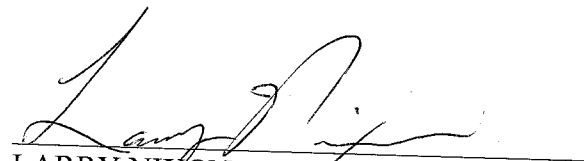
As Mr. Flower's charge of his personal property being stolen by a fellow inmate, it was discovered that Inmate Robert Allen did enter his cell and take certain personal papers. These papers were placed into a envelope by Mr. Allen and he attempted to mail same to Mr. Flowers' relatives. These items were intercepted by me and are currently being held by me in unopened envelopes in my office. I will be glad to mail these to Mr. Flowers if I am given authority and an address.

Mr. Flowers states that he did not resist arrest and that I pulled a shot gun on him. An altercation occurred with him and several other inmates whereupon I was called. I carried a shotgun with bean bags because I did not know what I was going to walk into. When I arrived, I asked Mr. Flowers to put his hands behind him, but he refused. As a result of the altercation State charges of assault 2 against Officer Sprott and unlawful acts by three or more persons were filed against Mr. Flowers and such are still pending the Circuit Court of Autauga County,

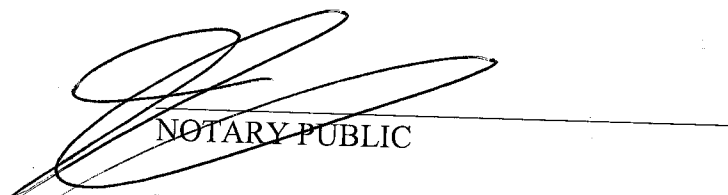
Inmates are provided medical care by Dr. Nichols and administered by Southern Health Partners. They fill out a doctor's slip and the inmate is treated either by a nurse provided by Southern Health Partners or by Dr. Nichols. In this case, Mr. Flowers completed several Inmate Sick Call Slips which were acted upon by Southern Health Partners. (A copy of Mr. Flowers' medical records from the Autauga County Metro Jail is attached hereto as Exhibit "B" and made a part hereof.) In the medical records attached are Dr. Nichols' and nurse's notes explaining the medication given to Mr. Flowers. As can be seen, some medication was changed by Dr. Nichols' orders and attempted to be administered to Mr. Flowers, but he refused same. There was no intentional indifference to Mr. Flowers' needs and in fact, as the medical records reveal, he was provided substantial medical treatment during his 2 ½ month stay in the Autauga County Metro Jail.

As to Mr. Flowers' concern over his bank account, I am enclosing as Exhibit "C" a copy of his account record which shows that \$1,572.91 was transferred to the U. S. Marshals on July 20, 2007.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this the 22<sup>nd</sup> day of August, 2007.

  
LARRY NIXON  
Captain/Jail Warden  
Autauga County Metro Jail

SWORN TO and SUBSCRIBED to before me on this the 22<sup>nd</sup> day of August, 2007.

  
NOTARY PUBLIC  
My Commission Expires: 8-14-10

EXHIBIT

B

Southern Health Partners

## MASTER PROBLEM LIST

For Use with Chronic Condition Patients. Chronic Conditions are classified as (but not limited to): Diabetes (IDDM/NIDDM), Hypertension, Pregnancy, HIV/AIDS, Asthma, Seizures, Diagnosed Mental Illness, CHF, Hepatitis.

Patient's Name (Last/First/Middle): Flowers, Calvin  
 ID#: 39632 DOB: 11-9-61 Sex: M Intake Date/s: 5-3-07

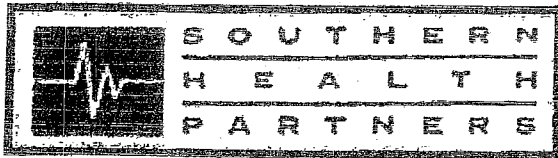
Date Problem Identified/Dx	Chronic Condition	M.D. Comments	Date Of Initial M.D. Eval	M.D. Initials
5/5/07	Bipolar			N
5/5/07	Diabetic			N
5/5/07	Hypertension			N

H & P Date: 5-5-07 Allergies: NKA

PPD Test Date: 3-29-07 PPD Results Date: \_\_\_\_\_ PPD Results: 0 mm

Montgomery City Jail

Facility Name: Antara Co. Metro Jail  
Revised 10/18/04 J.C.

Inmate Name: J Lower, CalvinD.O.B. or I.D. #: 11-9-61Allergies: NKA

Start at top and write subsequent orders below

Date of physician's order:

7/19/07

✓ cefexa 750 10mg daily  
Trazodone 100mg po at Night  
atenolol 50mg po daily

AM<sup>3</sup>

Date of physician's order:

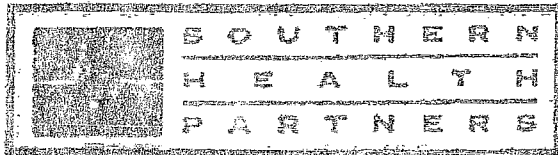
Date of physician's order:

Date of physician's order:

Date of physician's order:

Date of physician's order:





Read all orders and write subsequent orders below

Date of physician's order:

5/5/07

Inmate Name: Flowers, Calvin

D.O.B. or I.D. #: 11-9-61

Allergies: NKA

Meds brought in w/ I/M from other facilities  
 IBU 800mg  $\dot{\bar{i}}$  BID x 7 days, Lisinopril 10mg  $\dot{\bar{i}}$  q day  
 Benedol 25mg  $\dot{\bar{i}}$  q. pm x 14 days, Glipizide 10mg  
 BID, Metformin 500mg BID, Sepakote ER  
 500mg  $\dot{\bar{i}}$  BID, Serenel 200mg 1/2 tab q. am,  
 $\frac{1}{2}$  q. pm; Vitamin B $\dot{\bar{i}}$   $\frac{1}{2}$  q. am — JMTA

Date of physician's order:

$\uparrow$  metformin to 1000mg bid.

5/10/07

Date of physician's order:

(Risperdal 2mg po bid.)  
 (Benedol 25mg po bid.) Camel b/c I/m state  
 cogen tin 1mg po bid. he won't take it!  
 Ibuprofen 800mg po bid x 10 days.  $\dot{\bar{i}}$   $\dot{\bar{i}}$   
 $\uparrow$  Glipizide to 20mg bid.  $\dot{\bar{i}}$

5/24/07

Date of physician's order:

D/c Risperdal  
 D/c benedol  
 D/c cogen tin  
 Ibuprofen 800mg po bid x 30 days  
 cefex 20g po daily.

6/14/07

Date of physician's order:

Keflex 500mg  $\dot{\bar{i}}$  po bid x 7 days.  
 See if he can get a dentist appt  
 & he'll pay for it he says.

Date of physician's order:

D'Amine  $\dot{\bar{i}}$  BID x 7 days  
 Amoxicillin 500mg  $\dot{\bar{i}}$  BID x 7 days  
 Difend 325mg  $\dot{\bar{i}}$  BID x 7 days.  
 Re-tx protocol — JMTA

7/18/07

$\dot{\bar{i}}$

## PROGRESS NOTES

DATE

NOTES SHOULD BE SIGNED BY PHYSICIAN

7/19/07

Having a lot of anxiety & clexa. Hasnt had an erection since he's been on it.

Has taken zyprexa before for anxiety, says lithium caused sebaceous cysts on his head before. - it helped him before.

PE: BP 144/96

Tachycardia

Lungs clear

CV - RRR 50bpm

clexa 20

B-1

Losartan 10

Clonidine 10

2 bid.

Ativan 1000 bid

A: Anxiety.

HPT

ITDM

Plan ->

& clexa to 10mg daily  
Trazodone 100mg at Night  
Add atenolol 50mg daily.

NY 3

Doctor's Signature: \_\_\_\_\_

NAME-Last

First

Middle

Attending Physician

Record No.

Room/Bed

Date

Notes Should Be Signed by Phys. in

5/10/07 I/m is on Seroguel which is one of our non-drug  
formulary drugs + too expensive to get. Our pharmacy +  
Dr. Nichols recommended Thorazine or Risperdal in  
its place, but I/m refuses to take either one.

JE, MTA

5/15/07 I/m refused to take Depakene - which  
replaced his Depakote. S/C'd — JE, MTA

5/24/07 Was on ~~seroguel~~ seroguel 200mg bid for bipolar  
disorder. Says he can't take risperdal. Hal del. Tongue  
gets thick to be touched & it's hard to look at ~  
6 yrs ago. Only med he was on before he got here was  
Seroguel. Also has trouble in prison  
Bz / Ny. breast back.

lorazepam 10  
clonazepam 10 bid  
Ntrax 500 bid.  
(Depakote 500  
bid.)  
(seroguel 200  
1/2 bid.)

A = Bipolar

OT knees; II DM; HTN

Plan → ~~seroguel 200mg~~ 1/2 bid  
Phenylin 800 bid x 10 d.

Risperdal 2mg po bid.

cognitin 1mg po bid.

Benadryl 25mg po bid.

N/S

1/4/07 Not taking risperdal. Refuses it. Makes his tongue  
thick. Also still has OT knees & back. Motion  
helps. Also had an abscess on inside of upper lip. Dabets  
but still a little sore.

PE of small area of granulation upper gum.  
Gums receded.

Dr.

Signature

PROGRESS NOTES

A = periodontal disease

Plan → Reflex 500mg bid x 7 days  
Celebs 20mg daily. x 30 days  
N/S



SOUTHERN  
HEALTH  
PARTNERS

## INMATE SICK CALL SLIP – MEDICAL REQUEST

**TO BE COMPLETED BY INMATE:** Please complete the top half of the Sick Call Slip and return it to the correctional officer and/or medical staff for submission and review by the medical staff. The medical staff will arrange for you to be seen by the appropriate medical staff member. You will be charged in accordance with the medical co-pay system at this facility.

Today's Date: 7/17/07 Pod/Location: D-4 Cell: 901 ID# 98242

Inmate's Full Name: Calvin Flowers / I need a copy of my Medical Records for court ordered purposes

Complaint/Problem: I have a bad sinus cold, runny nose, chest congestion

I also need to talk to the doctor about medication change the new psychiatric med has some unwanted side effects. I need my motron renewed

How long have you had this problem? \_\_\_\_\_

Inmate's Signature: Calvin Flowers Date: 7/17/07

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### TO BE COMPLETED BY MEDICAL STAFF:

Note Patient's Vital Signs: Temp 98.2 Resp 18 Pulse 90 B/P 128/77

*Dominic  
PEN  
Tufnel*

Instructions/Assessment: Document your findings, Inmate's responses/actions I/m has no fever, no sore throat redness, no tenderness in facial-ear area. I/m % congestion + headache + sore throat. Breathing sounds a little wheezy. See MD orders.

Planned put I/m in to see Dr. Nichols about psycic meds. Anxiety, sleepless - el informed. I/m, it is not on protocol to treat these problems.

☐ Received Orders – thru Treatment Protocols; via telephone order; via verbal order

☐ Follow-Up Required? If checked, date to be seen again \_\_\_\_\_

☐ Chronic Condition

☒ Inmate to be charged through medical co-pay for this visit

Date Seen by Medical: 7-18-07 Seen by: JE, MTA

Place original form in patient's medical record.



SOUTHERN  
HEALTH  
PARTNERS

## INMATE SICK CALL SLIP – MEDICAL REQUEST

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Today's Date: 6/28/07 Pod/Location: D-4 Cell: 401 ID# 98242  
Inmate's Full Name: Calvin Flowers

Complaint/Problem: I need to see a Dentist also my allergies  
are acting up I have a runny nose and I have  
nervous itching. Benedril will help with both it is  
one of my regular medicines  
How long have you had this problem? The runny nose about one week the doctor  
prescribed Antibiotics for my mouth but I still need a Dentist  
Inmate's Signature: Calvin Flowers Date: \_\_\_\_\_

\*\*\*\*\*  
TO BE COMPLETED BY MEDICAL STAFF:

Note Patient's Vital Signs: Temp \_\_\_\_\_ Resp \_\_\_\_\_ Pulse \_\_\_\_\_ B/P \_\_\_\_\_

Instructions/Assessment: Document your findings, Inmate's responses/actions \_\_\_\_\_

Put on dentist list \_\_\_\_\_ S. Caine LPN  
C/o sensesus list thing him. Have him Diamine Bid x  
7 days \_\_\_\_\_ S. Caine LPN

- ☐ Received Orders – thru Treatment Protocols; via telephone order; via verbal order.  
☐ Follow-Up Required? If checked, date to be seen again \_\_\_\_\_  
☐ Chronic Condition  
☐ Inmate to be charged through medical co-pay for this visit

Date Seen by Medical: \_\_\_\_\_ Seen by: \_\_\_\_\_

Place original form in patient's medical record.



## INMATE SICK CALL SLIP – MEDICAL REQUEST

**TO BE COMPLETED BY INMATE:** Please complete the top half of the Sick Call Slip and return it to the correctional officer and/or medical staff for submission and review by the medical staff. The medical staff will arrange for you to be seen by the appropriate medical staff member. You will be charged in accordance with the medical co-pay system at this facility.

Today's Date: 6/21/07 Pod/Location: D-4 Cell: 401 ID# 98242

Inmate's Full Name: Calvin Flowers

Complaint/Problem: I would like to change my anti depressant to evening medication, I als would like to renew my prescription for Benedril FOR my itching

How long have you had this problem? \_\_\_\_\_

Inmate's Signature: Calvin Flowers Date: 6/21/07

\*\*\*\*\*

**TO BE COMPLETED BY MEDICAL STAFF:**

Note Patient's Vital Signs: Temp \_\_\_\_\_ Resp \_\_\_\_\_ Pulse \_\_\_\_\_ B/P \_\_\_\_\_

Instructions/Assessment: Document your findings, Inmate's responses/actions \_\_\_\_\_

Mr. Flowers, I can change the anti-depressant to p.m. But the renewing of Benedryl is NO Dr. wrote it for a certain time only.

JE MTA  
6-21-07

☐ Received Orders – thru Treatment Protocols; via telephone order; Via verbal order.

☐ Follow-Up Required? If checked, date to be seen again \_\_\_\_\_

☐ Chronic Condition

☐ Inmate to be charged through medical co-pay for this visit

Date Seen by Medical: \_\_\_\_\_ Seen by: \_\_\_\_\_

Place original form in patient's medical record.



# INMATE SICK CALL SLIP – MEDICAL REQUEST

**TO BE COMPLETED BY INMATE:** Please complete the top half of the Sick Call Slip and return it to the correctional officer and/or medical staff for submission and review by the medical staff. The medical staff will arrange for you to be seen by the appropriate medical staff member. You will be charged in accordance with the medical co-pay system at this facility.

Today's Date: 6/13/07 Pod/Location: \_\_\_\_\_ Cell: A403 ID# \_\_\_\_\_

Inmate's Full Name: Calvin Flowers

Complaint/Problem: I have an abscess on my Gum, my whole  
Body itches, I also need to discuss with the  
Doctor about my psychological medication and mood swings

How long have you had this problem? I will explain

Inmate's Signature: Calvin Flowers Date: 6/13/07

\*\*\*\*\*

## TO BE COMPLETED BY MEDICAL STAFF:

Note Patient's Vital Signs: Temp \_\_\_\_\_ Resp \_\_\_\_\_ Pulse \_\_\_\_\_ B/P \_\_\_\_\_

Instructions/Assessment: Document your findings, Inmate's responses/actions \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- ☐ Received Orders – thru Treatment Protocols; via telephone order; via verbal order
- ☐ Follow-Up Required? If checked, date to be seen again \_\_\_\_\_
- ☐ Chronic Condition
- ☐ Inmate to be charged through medical co-pay for this visit

Date Seen by Medical: \_\_\_\_\_ Seen by: \_\_\_\_\_

Place original form in patient's medical record.



## INMATE SICK CALL SLIP – MEDICAL REQUEST

**TO BE COMPLETED BY INMATE:** Please complete the top half of the Sick Call Slip and return it to the correctional officer and/or medical staff for submission and review by the medical staff. The medical staff will arrange for you to be seen by the appropriate medical staff member. You will be charged in accordance with the medical co-pay system at this facility.

Today's Date: 6/6/07 Pod/Location: D-6 Cell: 607 ID# 98242

Inmate's Full Name: Calvin Flowers

Complaint/Problem: I need to see the Dentist also I need to discuss with the doctor about alternative psychiatric medicines also some Benedril for itching

How long have you had this problem? \_\_\_\_\_

Inmate's Signature: Calvin Flowers Date: 6/6/07

\*\*\*\*\*

**TO BE COMPLETED BY MEDICAL STAFF:**

Note Patient's Vital Signs: Temp \_\_\_\_\_ Resp \_\_\_\_\_ Pulse \_\_\_\_\_ B/P \_\_\_\_\_

Instructions/Assessment: Document your findings, Inmate's responses/actions Dr. Nichols says he has already told him the alternative medications & he refused to take any of them & we are not gonna give him Benedyl because he only wants it for sleep & we don't treat sleep.

- ☐ Received Orders – thru Treatment Protocols; via telephone order; via verbal order  
☐ Follow-Up Required? If checked, date to be seen again \_\_\_\_\_  
☐ Chronic Condition  
☐ Inmate to be charged through medical co-pay for this visit

Date Seen by Medical: \_\_\_\_\_ Seen by: \_\_\_\_\_

Place original form in patient's medical record.

*EMTA*  
*6-7-07*





## INMATE SICK CALL SLIP – MEDICAL REQUEST

**TO BE COMPLETED BY INMATE:** Please complete the top half of the Sick Call Slip and return it to the correctional officer and/or medical staff for submission and review by the medical staff. The medical staff will arrange for you to be seen by the appropriate medical staff member. You will be charged in accordance with the medical co-pay system at this facility.

Today's Date: 6/6/07 Pod/Location: D-6 Cell: 607 ID# 98242

Inmate's Full Name: Calvin Flowers

Complaint/Problem: I need to see the Dentist also I need to discuss with the doctor about alternative psychiatric medicines also some Benedril for itching

How long have you had this problem? \_\_\_\_\_

Inmate's Signature: Calvin Flowers Date: 6/6/07

\*\*\*\*\*

**TO BE COMPLETED BY MEDICAL STAFF:**

Note Patient's Vital Signs: Temp \_\_\_\_\_ Resp \_\_\_\_\_ Pulse \_\_\_\_\_ B/P \_\_\_\_\_

Instructions/Assessment: Document your findings, Inmate's responses/actions Dr. Nichols says he has already told him the alternative medications & he refused to take any of them & we are not gonna give him Benedril because he only wants it for sleep & we don't treat sleep.

- ☐ Received Orders – thru Treatment Protocols; via telephone order; Via verbal order  
☐ Follow-Up Required? If checked, date to be seen again \_\_\_\_\_  
☐ Chronic Condition  
☐ Inmate to be charged through medical co-pay for this visit

Date Seen by Medical: \_\_\_\_\_ Seen by: \_\_\_\_\_

Place original form in patient's medical record.

JEMTA  
6-7-07



(Please prescribe a medication. I can take without complications. This lack of meds is affecting my daily functions)

## INMATE SICK CALL SLIP – MEDICAL REQUEST

**TO BE COMPLETED BY INMATE:** Please complete the top half of the Sick Call Slip and return it to the correctional officer and/or medical staff for submission and review by the medical staff. The medical staff will arrange for you to be seen by the appropriate medical staff member. You will be charged in accordance with the medical co-pay system at this facility.

Today's Date: 5/30/07 Pod/Location: D-6 Cell: 607 ID# 21825

Inmate's Full Name: Calvin Flowers, I have told the Doctor

Complaint/Problem: And the Nurses that I have bad reactions to resperidol and that I need Benadril for nervous

itch, This Doctor will not listen and made it so I cannot get the Benadril without taking Resperidol

How long have you had this problem? I will not take Resperidol I have had these medication problems since I got here. Thorazine I will not take either

Inmate's Signature: Calvin Flowers Date: \_\_\_\_\_

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## TO BE COMPLETED BY MEDICAL STAFF:

Note Patient's Vital Signs: Temp \_\_\_\_\_ Resp \_\_\_\_\_ Pulse \_\_\_\_\_ B/P \_\_\_\_\_

Instructions/Assessment: Document your findings, Inmate's responses/actions \_\_\_\_\_

To be Dr. Mr. Flowers, we have already explained all of this to you. Every medicine the doctor told you we could give you, you refused to take, so there is nothing else we can do. you told the doctor you needed Benedyl to help you sleep & he told you we don't treat sleep.

☐ Received Orders – thru Treatment Protocols; via telephone order; via verbal order

☐ Follow-Up Required? If checked, date to be seen again \_\_\_\_\_

☐ Chronic Condition

☐ Inmate to be charged through medical co-pay for this visit

JE, MTH  
6-1-07

Date Seen by Medical: \_\_\_\_\_ Seen by: \_\_\_\_\_

Place original form in patient's medical record.

**INMATE SICK CALL SLIP – MEDICAL REQUEST**

**TO BE COMPLETED BY INMATE:** Please complete the top half of the Sick Call Slip and return it to the correctional officer and/or medical staff for submission and review by the medical staff. The medical staff will arrange for you to be seen by the appropriate medical staff member. You will be charged in accordance with the medical co-pay system at this facility.

Today's Date: \_\_\_\_\_ Pod/Location: \_\_\_\_\_ Cell: \_\_\_\_\_ ID# \_\_\_\_\_

Inmate's Full Name: CALVIN FLOWERS

Complaint/Problem: I suffer From Post Traumatic Stress

And Bipolar Disorder. I cannot (TAKE ANYTHING) you just  
throw at me. I want to see a Doctor preferably a  
psychiatrist. I have been on psch meds for 17 years and  
How long have you had this problem? I have NEVER been prescribed meds by  
unknown sources

Inmate's Signature: Calvin Flowers Date: 8/22/07

\*\*\*\*\*

**TO BE COMPLETED BY MEDICAL STAFF:**

Note Patient's Vital Signs: Temp \_\_\_\_\_ Resp \_\_\_\_\_ Pulse \_\_\_\_\_ B/P \_\_\_\_\_

Instructions/Assessment: Document your findings, Inmate's responses/actions \_\_\_\_\_

Seen Dr. Nichols 5-24-07

☐ Received Orders – thru Treatment Protocols; via telephone order; Via verbal order

☐ Follow-Up Required? If checked, date to be seen again \_\_\_\_\_

☐ Chronic Condition

☐ Inmate to be charged through medical co-pay for this visit

Date Seen by Medical: \_\_\_\_\_ Seen by: \_\_\_\_\_

Place original form in patient's medical record.

Today's Date: 5/16/07 Pod/Location: O-C Cell: 607 ID# 98242

Inmate's Full Name: Calvin Flowers

Complaint/Problem: I cannot sleep, my psychiatric meds ARE wrong. my Diabetes is out of control because of improper medication. I need my pain meds renewed also. I need to talk to a doctor

How long have you had this problem? one week and a half

Inmate's Signature: Calvin Flowers Date: 5/16/07

\*\*\*\*\*

TO BE COMPLETED BY MEDICAL STAFF:

Note Patient's Vital Signs: Temp \_\_\_\_\_ Resp \_\_\_\_\_ Pulse \_\_\_\_\_ B/P \_\_\_\_\_

Instructions/Assessment: Document your findings, Inmate's responses/actions Some of this I/mis  
meds are non drug formulaary + he refuses to take  
anything else. We don't treat insomnia. Will put in  
to see Dr. Nichols. His pain meds by other facility doctor  
for only for 30 days (IBU 800). JE, MHA

5-19-07

- ☐ Received Orders – thru Treatment Protocols; via telephone order; via verbal order.
- ☐ Follow-Up Required? If checked, date to be seen again \_\_\_\_\_
- ☐ Chronic Condition
- ☐ Inmate to be charged through medical co-pay for this visit

Date Seen by Medical: \_\_\_\_\_ Seen by: \_\_\_\_\_

Place original form in patient's medical record.

**INMATE SICK CALL SLIP – MEDICAL REQUEST**

**TO BE COMPLETED BY INMATE:** Please complete the top half of the Sick Call Slip and return it to the correctional officer and/or medical staff for submission and review by the medical staff. The medical staff will arrange for you to be seen by the appropriate medical staff member. You will be charged in accordance with the medical co-pay system at this facility.

Today's Date: 8/22/07 Pod/Location: D-6 Cell: 507 ID# \_\_\_\_\_

Inmate's Full Name: Calvin Flowers

Complaint/Problem: I have a tooth ache and  
Arthritic pain and a headache

How long have you had this problem? \_\_\_\_\_

Inmate's Signature: Calvin Flowers Date: 8/22/07

\*\*\*\*\*

**TO BE COMPLETED BY MEDICAL STAFF:**

Note Patient's Vital Signs: Temp \_\_\_\_\_ Resp \_\_\_\_\_ Pulse \_\_\_\_\_ B/P \_\_\_\_\_

Instructions/Assessment: Document your findings, Inmate's responses/actions \_\_\_\_\_

One time dose of Tylenol

- ☐ Received Orders – thru Treatment Protocols; via telephone order; via verbal order  
☐ Follow-Up Required? If checked, date to be seen again \_\_\_\_\_  
☐ Chronic Condition  
☐ Inmate to be charged through medical co-pay for this visit

Date Seen by Medical: 8/22/07 Seen by: A. Carson RN

Place original form in patient's medical record.



TO BE COMPLETED BY INMATE: Please complete the top half of the Sick Call Slip and return it to the correctional officer and/or medical staff for submission and review by the medical staff. The medical staff will arrange for you to be seen by the appropriate medical staff member. You will be charged in accordance with the medical co-pay system at this facility.

Today's Date: 5/9/07 Pod/Location: D-6 Cell: 605 ID# 98242

Inmate's Full Name: Calvin Flowers

Complaint/Problem: I Just ARRIVED and my (pschotropic) medication HAS been changed and I would like insulin insulin instead of pills

How long have you had this problem? \_\_\_\_\_

Inmate's Signature: Calvin Flowers Date: 5/9/07

\*\*\*\*\*

TO BE COMPLETED BY MEDICAL STAFF:

Note Patient's Vital Signs: Temp \_\_\_\_\_ Resp \_\_\_\_\_ Pulse \_\_\_\_\_ B/P \_\_\_\_\_

Instructions/Assessment: Document your findings, Inmate's responses/actions \_\_\_\_\_

Mr. Flowers it is not that simple to change your meds+ you don't make the decision, the doctor will. As I have already explained to you, Seroguel is not on our drug formulary + the pharmacy we use, matches the meds to what is equal to what you were taking.

- ☐ Received Orders - thru Treatment Protocols; via telephone order; via verbal order.
- ☐ Follow-Up Required? If checked, date to be seen again \_\_\_\_\_
- ☐ Chronic Condition
- ☐ Inmate to be charged through medical co-pay for this visit

JEMTA  
5-10-07

Date Seen by Medical: \_\_\_\_\_ Seen by: \_\_\_\_\_

Place original form in patient's medical record.



PATIENT'S CONSENT FOR TREATMENT

The undersigned, being in the custody of the County Sheriff's Department and being held under the control of the County Jail, hereby authorizes and requests that all medical records and/or information, wherever located, including any hospital or medical doctor or any other place where medical records may be located, be released to the County Jail medical department for use by the medical department regarding any treatment to be reviewed while in custody. I understand I will provide this information to the medical department.

I further authorize the County Jail medical department to evaluate and treat any condition that I may have or develop while in the custody of the County Sheriff's Department and County Jail. I acknowledge no guarantee or assurance has been made as to the desired result that may be obtained.

*Calvin Flowers*

Signature: X

Calvin Flowers

Date: 5-5-07

~~Printed Name:~~

JE, MTA witness

Witness: \_\_\_\_\_

(Office Signature)

Note: This completed form must be given to the medical department for inclusion in the inmate's confidential medical file.

Exam Date: 5-5-07S.S.#: 423-94-9076ID#: 39632Inmate Name: FlowersColvinDate Booked: 5-3-07

Alias: \_\_\_\_\_

County: AutaugaAddress: 1245 Martin Luther King DriveElba, AL 36323Telephone: 334-897-5442Birthdate: 11-9-61

Religion: \_\_\_\_\_

Education Completed: 12<sup>th</sup> + 4

Special Education: \_\_\_\_\_

Marital Status: S M W D SeparatedRead/Write English: YES NOOther: SporadicPrevious Incarcerations: (Facility/Date) Coffe County, Dale; Montgomery City

## MEDICAL HISTORY

Notify in Emergency: Mattie StoudemireMother

Address: \_\_\_\_\_

Phone: S/AHealth Insurance: VA

(Type of Insurance)

Family Physician: \_\_\_\_\_

(Name)

(Street Address)

(City)

(State)

(Zip)

(Phone Number)

Past Hospitalizations (include surgeries): Bipolar NoHead Injury with Loss of Consciousness: yesLast Tetanus: 1mth ago

Immunization: \_\_\_\_\_

Allergies: NKACurrent Medication(s): IBU 800mg, Lisinopril 10mg, Benedol 50mg, Slipizide 10mg, Metformin 500mg, Depakote ER 500mg, Serenquel 200mg, Vit. B'

## MENTAL HEALTH EVALUATION

Hospitalization for Mental Health Reasons: YES NOIf Yes, Why: Bipolar; PTSSWhere: Dethan, Justice VAALWhen: 2003Psychotropic Meds (Specify type and last dose): yes Depakote & Serenquel - this am 10:30pmPrior Counseling/Out-Patient Treatment for: yesWhere: Justice VAALWhen: 2003Have you ever attempted suicide: yes How: OverdoseWhen: 1990Have you recently considered committing suicide? NODo people consider you a violent person? NOHave you ever been arrested for a violent crime/sexual offense? (Specify) NOStreet drugs: Marijuana OccasionallySmoker: yesEtoh: yesInmate's Signature: X Calvin FlowersDate: 5-5-07Interviewer's Signature: JE, MTADate: 5-5-07

Witness: (if physical is refused): \_\_\_\_\_

Date: \_\_\_\_\_



Problems	Yes	No	Problems	Yes	No	Problems	Yes	No
Vision	✓		Hypertension	✓		Diarrhea		✓
Hearing			Anemia		✓	Syphilis		✓
Balance/Dizziness		✓	Blood		✓	Muscle Problem		✓
Blackouts			Stomach Pain		✓	Joint Problem		✓
DT's			Heartburn		✓	Arthritis	✓	
Headaches			Ulcer		✓	Other		✓
Seizures			Nausea/Vomiting		✓	Other		
Nervous Disorder			Gall Bladder		✓	Regular Menstrual Period		
Throat			Liver		✓	Irregular Menstrual Period		
Teeth			Hepatitis		✓	# of days Menstrual Period		
Asthma			Diabetes	✓		LMP		
Hay Fever			Kidney Disease		✓	Gravida/Para		
Pneumonia			Bladder Infection		✓	Last Pap		
Tuberculosis			Trouble Voiding		✓	Contraception		
Heart			Pediculi (lice)		✓	Other		

EXAM: Age 45 Sex M Race B Ht. 5'9" Wt. 190

Pulse 66 BP 124/78 Temp. 97.7 Resp. 16

Area/Type	N	A/Comment	Area/Type	N	A/Comment
Skin: Color Condition Turgor Recent Inj.	N		Chest (Breasts): Configuration Auscultation Respirations Cough/Sputum	N	
Head: Glasses Pupils Sclera Conjunctiva Vision	N	Wears glasses	Heart: Auscultation Radial pulses Apical pulse Rhythm	N	
Ears: Appearance Canals Hearing	N		Extremities: Pulses Edema Joints	N	
Mouth: Teeth/Gums Dentures Plates Throat Tongue Tonsils	N		Abdomen: Shape Palpation Hernia Bowel Sounds	N	
Nose	N		Spine	N	
Neck: Veins Mobility Thyroid Carotids Lymph nodes	N		Genital/Urinary System	N	

## LABORATORY TESTS

	Date & Initial	Results
Was PPD planted and read timely?	MCJ/S FOP for 3-27-07	Imm
VDRL / RPR		
Other Lab Tests needed:		
Pregnancy Test?		

## MENTAL HEALTH OBSERVATION

	N	A/Comment
Orientation (person, place, time)	N	
General appearance (motor behavior, mannerisms)	N	
Affect (mood) Confused		Had to think + was a little confused about something
Content of thought, history of suicide, present thoughts of suicide		No suicidal thoughts at this time

Physical Examiner's Signature: JE, MTA

Date: 5-5-07

Physician's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

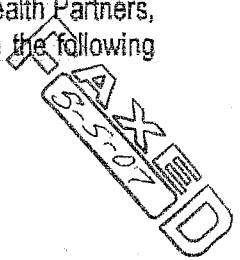


241-2864

To: Montgomery City Jail

I hereby authorize any hospital, clinic, physician's office, and/or health agency to provide any information they may have acquired while attending me for a medical, dental, or psychiatric problem to Southern Health Partners, Inc. who is the medical care provider of this Correctional Facility. Such information may include the following items:

Summary of positive findings, most recent history, physical exam including any diagnostic tests;  
Medical/dental/psychiatric/psychological diagnosis and treatment regimen when last treated;  
Hospital discharge summary for any/all hospitalization(s); Laboratory and/or Special Study Reports;  
Any other medical/dental/psychiatric services I may have previously had, currently seeking, or  
future treatment plans; Other Records: TB results



I understand my records are protected under state and/or federal privacy laws and cannot be disclosed to any other outside party without my written consent unless otherwise provided for by state or federal law. Records received will be kept within the patient's medical file within the correctional medical unit and be used in the on-going provision of health care services.

I release responsibility and/or liability from the correctional facility for the release of the above requested medical file information to the medical unit to the extent indicated and authorized.

Please send requested documents  
to the following address:

ATTN: MEDICAL UNIT/SOUTHERN HEALTH PARTNERS

County Name: Autauga COUNTY JAIL

Street Address: 136 N. Court St.

City/State/Zip: Prattville, AL Fax: 334-358-4827

Patient Name: Flowers, Calvin Birth Date: 11-9-61

Social Security Number: 0423-94-9076 Dates of Service(s): 2007

Inmate's Signature: Calvin Flowers Date: 5-5-07

Witness: JE MAA Date: 5-5-07

Final Privacy Rule (page 82540, HIPAA) states while individuals are in a correctional facility or in the lawful custody of a law enforcement official, covered entities (i.e. jail medical units) can use, request or disclose protected health information about these individuals without authorization to the correctional facility having custody as necessary for: the provision of health care to such individuals; for the health and safety of such individuals and other inmates; and the health and safety of the officers of employees of or other as the correctional institution. Covered entities are allowed to disclose protected health information about these individuals if the correctional institution represents that the protected health information is necessary for these purposes.

Page: 1

 $\&$ 

X Robin Flowers

yes

pad 7

Inmate's Name: Flowers, Calvin  
 I.D.#/S.S.#: 0939632 DOB: 11-9-61

Site: Antauga Co.  
 Physician: K. Nichols

#6

Physician Order/Instructions: Daily BSV q. am

Have M.D. review findings

DATE	TIME	BLOOD SUGAR	AMOUNT INSULIN GIVEN	INITIAL	DATE	TIME	BLOOD SUGAR	AMOUNT INSULIN GIVEN	INITIAL
5/5/07	AM	253	0	ZE	5/30/07	4:15p	211	P <sup>o</sup> meds	MD
5/6/07	PM	205	0	ZE	5/31/07	PM	292	0	SC
5/7/07	PM	191	2	SC	6/1/07	PM	Refused	0	SC
5/8/07	PM	255	0	SC	6/2/07	PM	Refused	0	ZE
5/9/07	PM	341	0	ZE	6/3/07	PM	315	0	ZE
5/10/07	PM	in phos	0	ZE	6/4/07	PM	277	0	SC
5/11/07	PM	352	0	SC	6/5/07	PM	223	0	SC
5/12/07	PM	330	0	SC	6/6/07	PM	291	0	ZE
5/13/07	PM	242	0	SC	6/7/07	PM	Refused	0	ZE
5/14/07	PM	258	0	ZE	6/8/07	PM	314	0	SC
5/15/07	PM	325	0	ZE	6/9/07	PM	285	0	SC
5/16/07	I/m was not brought up			Dr Marko	6/10/07	PM	297	0	SC
5/17/07	PM	300	0	SC	6/11/07	PM	255	0	ZE
5/18/07	PM	259	0	SC	6/12/07	PM	240	0	ZE
5/19/07	PM	246	0	ZE	6/13/07	PM	215	0	MD
5/20/07	PM	207	0	ZE	6/14/07	PM	181	0	SC
5/21/07	PM	233	0	SC	6/15/07	PM	178	0	SC
5/22/07	PM	288	0	SC	6/16/07	PM	152	0	ZE
5/23/07	PM	306	0	MD	6/17/07	PM	169	0	ZE
5/24/07	PM	357	0	ZE	6/18/07	PM	207	0	SC
5/25/07	PM	343	0	SC	6/19/07	PM	186	0	SC
5/26/07	PM	243	0	SC	6/20/07	PM	184	0	MD
5/27/07	PM	313	0	SC	6/21/07	PM	244	0	ZE
5/28/07	PM	221	0	ZE	6/22/07	PM	240	0	SC
5/29/07	PM	281	0	ZE	6/23/07	PM	183	0	SC

Southern Health Partners, Inc.

CONFIDENTIAL MEDICAL INFORMATION



# BLOOD PRESSURE FLOW SHEET

INMATE'S NAME: Flowers, Calvin DOB: 11-9-61

ORDERS/INSTRUCTIONS: BP ✓ g. wily

PHYSICIAN: L. Nichols ADMINISTRATOR: JE, MSA

[illegible][illegible]

Inmate's Name: Flowers Calvin  
 I.D.#/S.S.#: 39632 DOB: 11-9-61

Site: Antigua Co.  
 Physician: K. Nichols

Physician Order/Instructions: Daily BSV q pm Have M.D. review findings

DATE	TIME	BLOOD SUGAR	AMOUNT INSULIN GIVEN	INITIAL	DATE	TIME	BLOOD SUGAR	AMOUNT INSULIN GIVEN	INITIAL
6/23/07	Pm	183	✓	SC	6/24/07	Pm	179	0	SC
6/25/07	Pm	195	0	JE	7/19/07	Pm	243	0	JE
6/26/07	Pm	271	0	JE					
6/27/07	Pm	272	0	NW					
6/28/07	Pm	313	0	SC					
6/29/07	Pm	275	0	SC					
6/30/07	Pm	285	0	JE					
7/1/07	Pm	311	0	JE					
7/2/07	Am	262	0	SC					
7/3/07	Am	143	0	SC					
7/4/07	Pm	264	0	NW					
7/5/07	Pm	285	0	JE					
7/6/07	Am	201	0	SC					
7/7/07	Pm	223	0	SC					
7/8/07	Pm	197	0	SC					
7/9/07	Pm	179	0	JE					
7/10/07	Pm	197	0	JE					
7/11/07	Pm	202	0	NW					
7/12/07	Pm	261	0	SC					
7/13/07	Pm	211	0	SC					
7/14/07	Pm	348	0	JE					
7/15/07	Pm	176	0	JE					
7/16/07	Pm	157	0	SC					
7/17/07	Pm	170	0	SC					
7/18/07	Pm	174	0	NW					

← Sandy



## MEDICATION ADMINISTRATION RECORD

FLOWERS, CALVIN  
REPORT DATE 07/07/07

MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
CITALOPRAM HBR 20 MG TABLET	06/17/08																																
CELEXA 20 MG TABLET	0800	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
TAKE 1 TABLET ONCE DAILY	pm																																
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
VITAMIN B1 100 MG TABLET	05/03/08																																
TAKE 1 TABLET ONCE DAILY	0800	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
	am																																
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
LISINOPRIL 10 MG TABLET	05/03/08																																
ZESTRIL 10 MG TABLET	0800	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
TAKE 1 TABLET ONCE DAILY	am																																
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
IBUPROFEN 800 MG TABLET	07/14/07																																
MOTRIN 800 MG TABLET	0800	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
TAKE 1 TABLET TWICE DAILY	am																																
X 30 DAYS	1700	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
	pm																																
GLIPIZIDE 10 MG TABLET	05/23/08																																
GLUCOTROL 10MG TABLET	0800	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
TAKE 2 TABLETS TWICE DAILY	am																																
DAILY	1700	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
	pm																																
METFORMIN HCL 1,000 MG TABLET	05/13/08																																
GLUCOPHAGE 1,000 MG TABLET	0800	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
TAKE 1 TABLET TWICE DAILY	am																																
	1700	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
	pm																																
CHLORPROMAZINE 50 MG TABLET	05/03/08																																
CHLORAZINE 50 MG TABLET	0800	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
TAKE 1 TABLET TWICE DAILY		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
	1700	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
VALPROIC ACID 250 MG CAPSULE	05/03/08																																
DEPAKENE 250 MG CAPSULE	0800	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
TAKE 2 CAPSULES TWICE DAILY		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
DAILY	1700	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
amine i BID x 5 days																																	
	am																																
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
	pm																																
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	

ARTING FOR	07/01/07	THROUGH	07/31/07	PAGE	1 OF	1
sician	NICHOLS, KEN	Telephone No.	Medical Record No.			
Physician	NICHOLS, KEN	Alt. Telephone				
rgies		Rehabilitative Potential				
gnosis						
Medicaid Number	Medicare Number	Approved By Doctor:	Title:			
		By:	Date:			
ESIDENT	FLOWERS, CALVIN	D.O.B.	Sex	Room	Patient Code	Admission Date
		11/09/1961		J	FLOWCALV	03/26/07



MEDICATION ADMINISTRATION RECORD

MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
D'amine + BID x 7 days 7/18/07	am	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	pm	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Tylenol 325mg + BID x 7 days 7/18/07	am	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	pm	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Amoxicillin 500mg + BID x 7 days 7/18/07	am	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	pm	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Celexa 10mg q.p.m.		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	pm	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
ordered 7/19/07 Trazadone 100 mg q.p.m. ordered 7/19/07		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	pm	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Atenolol 50mg q.p.m. ordered 7/19/07	am	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	pm	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

ARTING FOR 7-1-07		THROUGH 7-31-07	
Physician N. Chels		Telephone No.	
Physician		Alt. Telephone	
Diagnosis NKA		Rehabilitative Potential	
Medicaid Number		Medicare Number	
Approved By Doctor:		Title:	
By:		Date:	
RESIDENT Florence Calm		D.O.B. 11/9/61 Sex M Room 4P00 Patient Code	
		Admission Date	



MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
VITAMIN B1 100 MG TABLET TAKE 1 TABLET ONCE DAILY	05/03/08 0800																															
	am																															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
LISINOPRIL 10 MG TABLET ZESTRIL 10 MG TABLET TAKE 1 TABLET ONCE DAILY	05/03/08 0800																															
	am																															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
BENZTROPINE MES 1 MG TABL COGENTIN 1MG TABLET TAKE 1 TABLET TWICE DAILY	05/23/08 0800																															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	1700																															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
GLIPIZIDE 10 MG TABLET GLUCOTROL 10MG TABLET TAKE 2 TABLETS TWICE DAILY	05/23/08 0800																															
	am																															
	1700																															
	pm																															
IBUPROFEN 800 MG TABLET MOTRIN 800 MG TABLET TAKE 1 TABLET TWICE DAILY FOR TEN DAYS	06/03/07 0800																															
	am																															
	1700																															
	pm																															
DIPHENHYDRAMINE 25 MG CAP BENADRYL 25 MG KAPSEALS TAKE 1 CAPSULE TWICE DAILY	05/23/08 0800																															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	1700																															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
RISPERDAL 4 MG TABLET TAKE 1/2 TABLET TWICE DAILY	05/23/08 0800																															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	1700																															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
METFORMIN HCL 1,000 MG TA GLUCOPHAGE 1,000 MG TABLET TAKE 1 TABLET TWICE DAILY	05/13/08 0800																															
	am																															
	1700																															
	pm																															
CHLORPROMAZINE 50 MG TABL THORAZINE 50 MG TABLET TAKE 1 TABLET TWICE DAILY	05/03/08 0800																															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	1700																															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

STARTING FOR	06/01/07	THROUGH	06/30/07	PAGE	1 OF 2
Admission	NICHOLS, KEN	Telephone No.	Medical Record No.		
Physician	NICHOLS, KEN	Alt. Telephone			
Diagnosis	Rehabilitative Potential				
Medical Number	Medicare Number	Approved By Doctor:	Date:		
By:	D.O.B.	Sex	Room	Patient Code	Admission Date
SIDENT	FLOWERS, CALVIN	11/09/1961	J	FLOWCALV	03/26/07







## MEDICATION ADMINISTRATION RECORD

MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
2 Lu 800mg $\dot{\bar{t}}$ tab Bid x 7 days		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	Am	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	Pm	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Lisinopril 10mg $\dot{\bar{t}}$ g day		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	Am	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Benadryl 25mg $\dot{\bar{t}}$ g P.M		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	Pm	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Lipride 10mg 2bid		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	Am	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	Pm	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Metformin 500mg $\dot{\bar{t}}$ (1) Bid		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	Am	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	Pm	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Nypakote ER 500mg $\dot{\bar{t}}$ Bid		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	Am	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	Pm	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Seroquel 200mg $\dot{\bar{t}}$ 1/2 tab in Morning $\dot{\bar{t}}$ in evening		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	Am	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	Pm	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Vitamin B <sup>1</sup> 9 AM		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	Am	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Chlorpromazine (Thorazine) 50mg $\dot{\bar{t}}$ Bid		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	Am	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	Pm	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

ARTING FOR	5/1/07	THROUGH	5/31/07	Telephone No.	Medical Record No.
Physician	Nichols	Alt. Telephone			
Physician		Rehabilitative Potential			
Diagnosis	Flowers Calvin	Approved By Doctor:		Title:	Date:
Medicaid Number	Medicare Number	By:			
ESIDENT	Flowers Calvin	D.O.B.	Sex	Room	Patient Code
			M	6040	
					Admission Date:

**EXHIBIT**

Page 1 of 2

**Account Balance**

08/22/2007

Inmate ID: **98242**      Name: **FLOWERS, CALVIN**  
 Location: **ASO MALE-D4 401B**

**True Balance:** 0.00**Commissary Balance:** 0.00

<u>Trans</u>	<u>Date</u>	<u>Action</u>	<u>Comment</u>	<u>Adjustment</u>	<u>Balance After</u>
60855	07/30/2007	Close	Close of Account. Inmate Released to U S Marshals 7/20/2007	0.00	0.00
60854	07/30/2007	Withdrawal	Withdrawal by check #10256. Inmate Released to U S Marshals 7/20/2007	-1,572.91	0.00
60818	07/30/2007	Withdrawal	Paid OFF Bill #9834: To Medical From 98242 (FLOWERS, CALVIN)--Doctor call - 7/19/2007	-10.00	1,572.91
60816	07/30/2007	Bill Receipt (A/P)	To Medical From 98242 (FLOWERS, CALVIN)--Doctor call - 7/19/2007		
60788	07/30/2007	Withdrawal	Paid OFF Bill #9826: To Medical From 98242 (FLOWERS, CALVIN)--Nurse call - 7/18/2007	-5.00	1,582.91
60786	07/30/2007	Bill Receipt (A/P)	To Medical From 98242 (FLOWERS, CALVIN)--Nurse call - 7/18/2007		
59655	07/16/2007	Withdrawal	Paid OFF Bill #9629: To Commissary From 98242 (FLOWERS, CALVIN)--Billing for Commissary Order #133	-80.76	1,587.91
59653	07/16/2007	Bill Receipt (A/P)	To Commissary From 98242 (FLOWERS, CALVIN)--Billing for Commissary Order #133		
59158	07/09/2007	Withdrawal	Paid OFF Bill #9545: To Commissary From 98242 (FLOWERS, CALVIN)--Billing for Commissary Order #131	-109.67	1,668.67
59156	07/09/2007	Bill Receipt (A/P)	To Commissary From 98242 (FLOWERS, CALVIN)--Billing for Commissary Order #131		
58750	07/05/2007	Withdrawal	Withdrawal by check #10220. Paying on behalf of Calvin Flowers	-700.00	1,778.34
58674	07/03/2007	Add	Check deposit: Check #1604635 from army aviation center federal credit union	2,400.00	2,478.34
58484	07/02/2007	Withdrawal	Paid OFF Bill #9444: To Commissary From 98242 (FLOWERS, CALVIN)--Billing for Commissary Order #130	-85.21	78.34
58482	07/02/2007	Bill Receipt (A/P)	To Commissary From 98242 (FLOWERS, CALVIN)--Billing for Commissary Order #130		
58223	06/29/2007	Withdrawal	Paid OFF Bill #9391: To Medical From 98242 (FLOWERS, CALVIN)--Nurse Call - 06/28/2007	-5.00	163.55
58221	06/29/2007	Bill Receipt (A/P)	To Medical From 98242 (FLOWERS, CALVIN)--Nurse Call - 06/28/2007		
57925	06/25/2007	Withdrawal	Paid OFF Bill #9343: To Commissary From 98242 (FLOWERS, CALVIN)--Billing for Commissary Order #129	-110.34	168.55
57923	06/25/2007	Bill Receipt (A/P)	To Commissary From 98242 (FLOWERS, CALVIN)--Billing for Commissary Order #129		
57378	06/18/2007	Withdrawal	Paid OFF Bill #9255: To Commissary From 98242 (FLOWERS, CALVIN)--Billing for Commissary Order #128	-72.47	278.89
57376	06/18/2007	Bill Receipt (A/P)	To Commissary From 98242 (FLOWERS, CALVIN)--Billing for Commissary Order #128		
56831	06/11/2007	Withdrawal	Paid OFF Bill #9165: To Commissary From 98242 (FLOWERS, CALVIN)--Billing for Commissary Order #127	-110.94	351.36
56829	06/11/2007	Bill Receipt (A/P)	To Commissary From 98242 (FLOWERS, CALVIN)--Billing for Commissary Order #127		
56280	06/04/2007	Withdrawal	Paid OFF Bill #9087: To Commissary From 98242 (FLOWERS, CALVIN)--Billing for Commissary Order #126	-98.36	462.30
56278	06/04/2007	Bill Receipt (A/P)	To Commissary From 98242 (FLOWERS, CALVIN)--Billing for Commissary Order #126		
55923	05/30/2007	Add	Money Order deposit: Money Order #10545112135 from mattie stoudemire	280.00	560.66



**Account Balance**

08/22/2007

55913 05/30/2007 Add	Check deposit: Check #1539888 from army aviation center fcu	200.00	280.66
55717 05/29/2007 Withdrawal	Paid OFF Bill #8986: To Medical From 98242 (FLOWERS, CALVIN)--doctor visit on 5/24/2007	-10.00	80.66
55715 05/29/2007 Bill Receipt (A/P	To Medical From 98242 (FLOWERS, CALVIN)--doctor visit on 5/24/2007		
55540 05/29/2007 Withdrawal	Paid OFF Bill #8943: To Commissary From 98242 (FLOWERS, CALVIN)--Billing for Commissary Order #125	-104.28	90.66
55538 05/29/2007 Bill Receipt (A/P	To Commissary From 98242 (FLOWERS, CALVIN)--Billing for Commissary Order #125		
54935 05/21/2007 Withdrawal	Paid OFF Bill #8847: To Commissary From 98242 (FLOWERS, CALVIN)--Billing for Commissary Order #124	-111.68	194.94
54933 05/21/2007 Bill Receipt (A/P	To Commissary From 98242 (FLOWERS, CALVIN)--Billing for Commissary Order #124		
54315 05/13/2007 Withdrawal	Paid OFF Bill #8746: To Commissary From 98242 (FLOWERS, CALVIN)--Billing for Commissary Order #123	-106.29	306.62
54313 05/13/2007 Bill Receipt (A/P	To Commissary From 98242 (FLOWERS, CALVIN)--Billing for Commissary Order #123		
53903 05/11/2007 Add	Check deposit: Check #1539765 from army aviation center fcu	200.00	412.91
53735 05/06/2007 Withdrawal	Paid OFF Bill #8651: To Commissary From 98242 (FLOWER, CALVIN)--Billing for Commissary Order #122	-100.44	212.91
53733 05/06/2007 Bill Receipt (A/P	To Commissary From 98242 (FLOWER, CALVIN)--Billing for Commissary Order #122		
53328 05/03/2007 Add	Check deposit: check # 008184 from montgomery municipal jail date 05-03-07	313.35	313.35
53322 05/03/2007 Open	Opened Inmate Account	0.00	0.00
<hr/>			
<b>True Balance:</b>		0.00	
<b>Commissary Balance:</b>		0.00	